

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD  
OFFICE OF HUMAN RESOURCES

Rev. 02/07

**Certification of Fee Waiver for Eligible Dependent  
Bargaining Units 1, 3, 4, 6, 8, and Non-Represented MPP and Confidential Employees**

**A. To be completed by the employee and returned to Human Resources**

Name of Employee: \_\_\_\_\_ CSUB ID: \_\_\_\_\_

Department: \_\_\_\_\_ Extension: \_\_\_\_\_

*I wish to transfer my fee waiver eligibility as provided in Coded Memorandum HR 2001-23 or the applicable Memorandum of Understanding, to my spouse, domestic partner or the dependent child noted below. I understand this transfer prohibits my personal use of fee waiver benefits during the period indicated. I further understand a certification must be completed for each academic term in which the benefit is to apply.*

Name of Dependent: \_\_\_\_\_ ID/SSN: \_\_\_\_\_

The social security account number is required of those who wish to participate in the CSU Dependent Fee Waiver program and do not have a unique campus identifier. The number will be used as a common identifier for course enrollment and related purposes. Authority for such use is contained in Title 5 of the California Code of Regulations.

Relationship:  Spouse  Domestic Partner  Dependent Child (date of birth) \_\_\_\_\_

**Dependent Child** is defined as (1) your child or stepchild under age 23 who has never been married; (2) a child living with you in a parent-child relationship who is economically dependent upon you, under age 23, and has never been married; (3) your child or stepchild age 23 or above who is incapable of self-support due to a disability which existed prior to age 23. **Domestic Partner** eligibility is based on registration through the Secretary of State designation process.

**Enrollment for** (select one only):  Fall  Winter  Spring  Summer Academic Year \_\_\_\_\_

Fees may be waived for state-supported academic terms only. Extension, Intercession, Special and Summer Session, or any other self-supporting programs are excluded from a waiver of fees.

Campus of enrollment: CSU \_\_\_\_\_

Currently Enrolled  Seeking Admission  Seeking Readmission

Degree/Credential Objective:  Bachelor's Degree  Master's Degree  Teaching Credential

Other: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Certification by Human Resources, California State University, Bakersfield (661/654-2266)**

The employee noted above is eligible to participate in the fee waiver program and is transferring eligibility to the dependent noted above for the period specified. The employee has not transferred his/her fee waiver eligibility to any other dependent for the period noted.

Waiver is approved for 2 courses or 6 units whichever is greater. Bargaining Unit: \_\_\_\_\_

\_\_\_\_\_  
Benefits Officer Date

Distribution: Original-Human Resources Copy-Student Financial Services Copy-Admissions Copy-Employee